FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22893** **(2)**

1. Corporation Name
WORLD O WORLD CORPORATION

Principal Place of Business	Mailing Address
556 S.E. PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34984 US	P. O. BOX 9214 PT. ST. LUCIE FL 34985 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/07/1989**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business
21: 556 S.E. Port St. Lucie Blvd
22 Suite, Apt. #, etc.:
23 City & State: Port St. Lucie, FL
24 Zip: 34984 25 Country: US

2a. Mailing Address
26: P.O. Box 9214
27 Suite, Apt. #, etc.:
28 City & State: Port St. Lucie, FL
29 Zip: 34985 30 Country: US

4. FEI Number: **11-2953297** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KIEVSKY, ELYA
798 RIVER CT.
PT. ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (If Registered Agent signature required above, mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	☐ Change ☐ Addition
NAME	KIEVSKY, ELYA	12 NAME	
STREET ADDRESS	798 RIVER CT	13 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL 34983	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	COSTESCU, MARIA	22 NAME	
STREET ADDRESS	10044 S. OCEAN DR., APT. 1001	23 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH. FL 34957	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Maria Costescu MARIA COSTESCU Vice Pres. 02/21/95 (407) 871-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444811 FP